

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/566,351 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5						
6	(P)					
7	(P)					
8	(P)					
9	(P)					
10	(P)					
11	(P)					
12	(P)					
13	(P)					
14	(P)					
15	(P)					
16		1				
17		1				
18		1				
19						
20	31					
21	12					
22	(P)					
23	(P)					
24	(P)					
25	(P)					
26	(P)					
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TOTAL IND.	1	↓	↓	↓	↓	
TOTAL DEP.	26	←	←	←	←	
TOTAL CLAIMS	27					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY